****Team Roles & Responsibilities (Task Analysis)**

**Alberta Screening and Prevention Change Package**

This template may be used to guide team discussions about assigning roles and responsibilities related to **quality improvement and clinical tasks**. Sample tasks are included, but it is best to modify and adapt it to suit your team’s needs.

**TIPS:**

* If your team has not worked on QI processes before, consider working with a practice facilitator.
* Use your current state **process map** as a reference.
* Consider adding steps that may be missing from your current state process map that could be worth including – potentially involving PDSA trials.
* The first two ‘Who?’ columns allow for exploration of who **could** technically be responsible for the task, with regard to:
	+ Scope of practice, professional designation, etc.
	+ Previous experience
	+ Personal interest
	+ Time and availability
* In some instances, the person or role currently responsible for the task may make perfect sense – after a brief discussion, simply document and move on to the next step.
* It’s helpful to keep in mind that the physician or nurse practitioner may be able to do all of the steps; however, sharing the load across the team is the goal.
* The grey ‘Who?’ columns are intended to clarify who specifically will be **responsible** for each task:
	+ This could be one person, more than one person, or a ‘role’ (e.g., MOAs).
	+ For each process step, consider also designating at least one person to be cross trained as back-up.
	+ Cross training also allows team members to ‘stretch’ in their roles and build their skills.
	+ Ultimately, as many members of the team as possible should be able to do as many of the tasks as possible.
* Remember to PDSA – what seems like it will work in a planning meeting may not work exactly as planned in practice!
* The EMR guides can be a helpful tool for generating EMR lists and adding point of care reminders.

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| *ASaP Team Tasks* | *Who?* |
| *Could do it**(in scope)* | *Has interest/ experience/ availability* | *RESPONSIBLE* | *CROSS TRAIN* |
|  | ***Examples of QI and clinical tasks:*** |  |  |  |  |
| *Regularly schedule QI team meetings* |  |  |  |  |
| *Generate list of patients from the EMR who are due to be screened for identified maneuvers* |  |  |  |  |
| *Check to see if the patient has an upcoming appointment, and if none, contact patient to offer one, if appropriate* |  |  |  |  |
| *Add a point of care reminder to patient’s chart* |  |  |  |  |
| *Record offers (as available/applicable) and completion of screening in a standard location and method in the EMR* |  |  |  |  |
| *Check NetCare for screening results from other providers* |  |  |  |  |
| *Generate a referral(s), if needed* |  |  |  |  |
| *Track progress on screening process improvements* |  |  |  |  |
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